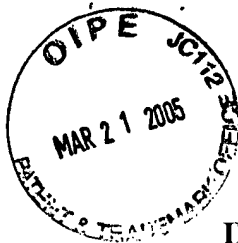


RCE #200



PATENT
Attorney Docket No.: UCSD1310-1.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Albani and Prakken Art Unit: 1645
Application No.: 09/828,574 Examiner: Navarro, A.M.
Filed: April 6, 2001
Title: STRESS PROTEINS AND PEPTIDES AND METHODS OF USE
THEREOF

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in connection with the above-identified application,
please find the following:

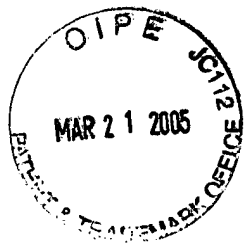
1. Request for Continued Examination (1 page);
2. Preliminary Amendment (12 pages);
3. Petition for One-Month Extension of Time (2 pages);
4. Check No. 575920 in the amount of \$1,235.00; and
5. Return Receipt Postcard.

CERTIFICATION UNDER 37 CFR §1.8

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on **March 18, 2005**, in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Lisa E. Jambeau

Lisa E. Jambeau



In re Application of:
 Albani and Prakken
 Application No.: 09/828,574
 Filed: April 6, 2001
 Page 2

PATENT
 Attorney Docket NO.: UCSD1310-1

The Fee for this Response is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity Rate	Large Entity Rate	Calculations
Total Claims	41-20	59	0	x \$25	x \$50	\$ 0.00
Independent Claims	10-4	4	6	x \$100	x \$200	\$ 600.00
Multiple Claims	2	0	2	\$180	\$360	\$ 180.00
Basic Filing Fee				\$395	\$790	\$ 0.00
Request for Continued Examination fee						\$ 395.00
One Month Extension of Time fee						\$ 60.00
					TOTAL FEE	\$ 1,235.00

Enclosed is Check No. 575920 totaling \$1,235.00 to cover Request for Continued Examination (\$395.00), The One-Month extension of time fee (\$60.00) and excess and multiple claim fee (\$780.00). The Commissioner is hereby authorized to charge any other fees that may be associated with this communication, or credit any overpayment to Deposit Account No. 07-1896. A duplicate copy of this Transmittal Sheet is enclosed.

Respectfully submitted,

Date: March 18, 2005

Lisa A. Haile, J.D., Ph.D.
 Registration No. 38,347
 Telephone: (858) 677-1456
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